

California's Coordinated Care Initiative

March 2014

San Diego County



Medicare and Medi-Cal Today

Medicare

Who: 65+, under 65 with certain disabilities

- Doctors
- Hospitals
- Prescription drugs

Medi-Cal

Who: low-income Californians

- Long-term services and supports
 - MSSP, IHSS, CBAS, nursing facilities, non-emergency medical transportation
- Durable medical equipment
- Medicare cost sharing

Person Centered Care

- Right Care
- Right Time
- Right Place



The Coordinated Care Initiative: Two Parts

Cal MediConnect

Who: many full dual eligible beneficiaries

- Optional
- Combines Medicare and Medi-Cal benefits into one managed care health plan
- Additional services, including care coordination

Medi-Cal

Managed Long-Term Services and Supports (MLTSS)

Who: Medi-Cal only beneficiaries, full dual eligibles who opt out of Cal MediConnect, other identified groups eligible for Medi-Cal

- Mandatory
- Beneficiaries will now receive Medi-Cal benefits through a managed care health plan, including LTSS and Medicare wrap-around.

Cal MediConnect

- Who: Medi-Medi beneficiaries
- Optional

- Original Medicare and Medi-Cal services
- One number for all your health care needs
- Vision benefit: one routine eye exam annually and a \$100 co-pay for eye glasses/contacts every two years
- Transportation benefit: 30 1-way trips per year in addition to the existing transportation benefit
- Care Coordination

Cal MediConnect Care Coordination

- Cal MediConnect plans will give providers information and resources to support care coordination.
 - **Health Risk Assessments (HRAs)**
 - Primary, acute, LTSS, behavioral health and functional needs
 - **Interdisciplinary Care Teams**
 - Beneficiary, plan care coordinator, key providers
 - **Individualized Care Plans**
 - Care teams will develop and implement ICPs
 - **Plan Care Coordinators**
 - Facilitates communication between plans, providers, beneficiary

Cal MediConnect Plan Options

San Diego

- Care 1st
- Community Health Group
- Health Net
- Molina Health

Medi-Cal

Managed Long-Term Services and Supports

- Who: Medi-Cal only beneficiaries, full dual eligibles who opt out of Cal MediConnect, other identified groups eligible for Medi-Cal
- Mandatory
- Same Medi-Cal services beneficiaries currently receive
- Medi-Cal long-term services and supports (MLTSS) will now be provided through managed care plans
- This impacts both beneficiaries not eligible for Cal MediConnect and beneficiaries who opt out of Cal MediConnect

MLTSS Plan Options

San Diego

- Care 1st
- Community Health Group
- Health Net
- Molina Health
- **Kaiser**

PACE

Program of All-inclusive
Care for the Elderly

- Who: Medi-Medi beneficiaries and Medi-Cal beneficiaries
- Option available to those who are determined eligible

You may be eligible to enroll in a PACE program

If you:

- Are 55 or older
- Live in your home or community setting safely
- Need a high level of care for a disability or chronic condition
- Live in a ZIP code served by a PACE health plan

PACE Options

San Diego

- St Paul's PACE

Cal MediConnect Notices

90 Day Notice

State of California Health and Human Services

Cal MediConnect
Your choice for complete care

JOHN SAMPLE
1234 SAMPLE STREET
ADDRESS 2
ANYTOWN CA 90000

XXXXXXXXXX

Important Information

You are getting this letter because you have **BOTH** Medicare and Medi-Cal. The way you get your health care is changing. You will now have more choices to meet your health care needs.

What is a Cal MediConnect plan?

A Cal MediConnect plan is a Medicare/Medi-Cal plan that will manage your Medicare and Medi-Cal benefits. Enrolling in a Cal MediConnect plan means that you keep your Medicare and Medi-Cal benefits with no extra cost but you must use your Cal MediConnect providers. You can also get additional transportation and vision benefits.

What are my plan choices?

You will get more information about your health plan choices soon. You may choose a Cal MediConnect plan, or choose to stay with regular Medicare. If you choose to stay with regular Medicare, you must choose a Medi-Cal health plan for your Medi-Cal benefits. If you do not make a choice, we will choose one of the Cal MediConnect plans for you. You keep the benefits and services you have now, and the Cal MediConnect plan will work with your doctors and providers.

This is the first letter telling you about your new choices. You will get a second letter with more information about your choices soon. You may choose a Cal MediConnect plan in your county, or choose to stay with regular Medicare.

WL_000000_0002_0100

60 Day Notice

State of California Health and Human Services

Cal MediConnect
Your choice for complete care

JOHN SAMPLE
1234 SAMPLE STREET
ADDRESS 2
ANYTOWN CA 90000

XXXXXXXXXX

Important Information

You are getting this letter because you have **BOTH** Medicare and Medi-Cal. The way you get your health care is changing. You will now have more choices to meet your health care needs.

This is the second letter telling you about your new options. You may choose a Cal MediConnect plan, or choose to stay with regular Medicare. If you choose to stay with regular Medicare, you must choose a Medi-Cal health plan for your Medi-Cal benefits. If you do not make a choice, we will choose one of the Cal MediConnect plans for you.

Based upon your past services and health care needs, you have been assigned to the Cal MediConnect plan named below. Unless you choose to stay with regular Medicare, you do not need to do anything and your coverage in this plan will become effective on MM/DD/YYYY: [Health Plan Name]

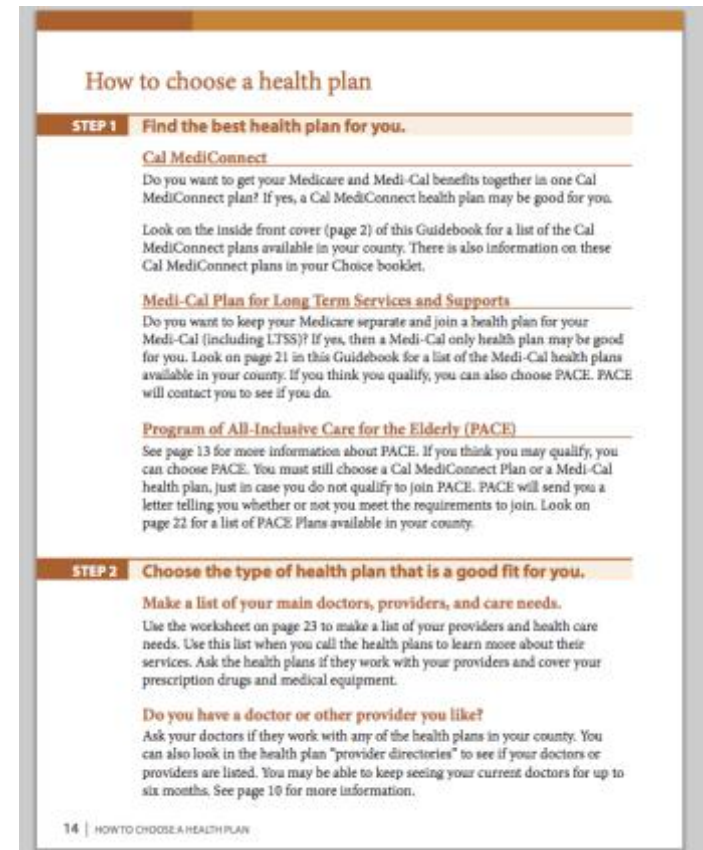
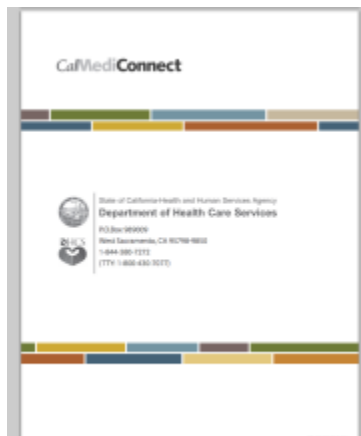
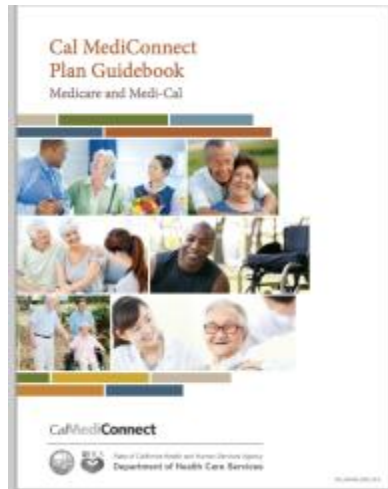
How will this change affect me?

Enrolling in a Cal MediConnect plan will:

- Keep your Medicare or Medi-Cal benefits without any extra costs.
- Keep all of the services or benefits you receive now.
- Ensure that all of your doctors, specialists, and other providers will work together to get you the care you need.
- Give additional transportation and vision benefits.

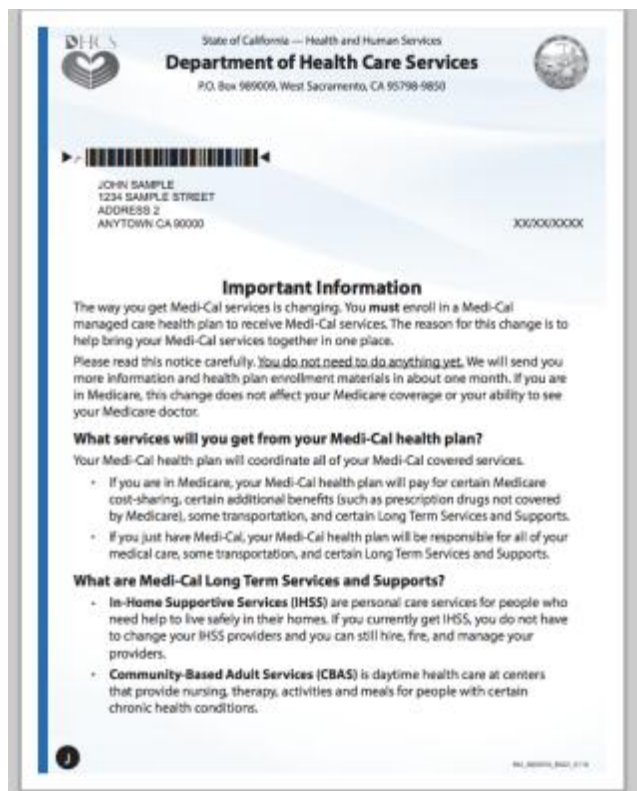
WL_000000_0002_0100

Cal MediConnect Guidebook



MLTSS Notices

90 Day Notice




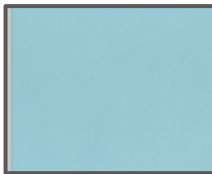
The 90 Day Notice form is titled "State of California — Health and Human Services Department of Health Care Services". It includes the address "P.O. Box 980009, West Sacramento, CA 95798-9850". A barcode is present with the name "JOHN SAMPLE" and address "1234 SAMPLE STREET ADDRESS 2 ANYTOWN CA 90000". The form contains a section titled "Important Information" which states: "The way you get Medi-Cal services is changing. You **must** enroll in a Medi-Cal managed care health plan to receive Medi-Cal services. The reason for this change is to help bring your Medi-Cal services together in one place. Please read this notice carefully. You do not need to do anything yet. We will send you more information and health plan enrollment materials in about one month. If you are in Medicare, this change does not affect your Medicare coverage or your ability to see your Medicare doctor." Below this, it asks "What services will you get from your Medi-Cal health plan?" and lists two bullet points: "If you are in Medicare, your Medi-Cal health plan will pay for certain Medicare cost-sharing, certain additional benefits (such as prescription drugs not covered by Medicare), some transportation, and certain Long Term Services and Supports." and "If you just have Medi-Cal, your Medi-Cal health plan will be responsible for all of your medical care, some transportation, and certain Long Term Services and Supports." It then asks "What are Medi-Cal Long Term Services and Supports?" and lists two bullet points: "In-Home Supportive Services (IHSS) are personal care services for people who need help to live safely in their homes. If you currently get IHSS, you do not have to change your IHSS providers and you can still hire, fire, and manage your providers." and "Community-Based Adult Services (CBAS) is daytime health care at centers that provide nursing, therapy, activities and meals for people with certain chronic health conditions." The form is marked with a "J" in a circle at the bottom left and "ML 000010, 09/01, 2/16" at the bottom right.

60 Day Notice



The 60 Day Notice form is titled "State of California — Health and Human Services Department of Health Care Services". It includes the address "P.O. Box 980009, West Sacramento, CA 95798-9850". A barcode is present with the name "JOHN SAMPLE" and address "1234 SAMPLE STREET ADDRESS 2 ANYTOWN CA 90000". The form contains a section titled "Important Information" which states: "The Way You Get Your Medi-Cal Benefits is Changing on [MM/DD/YYYY] You must enroll in a Medi-Cal managed care plan to receive your Medi-Cal services. The reason for this change is to help bring your Medi-Cal services together in one place. This is the second letter telling you about your options for choosing a Medi-Cal plan. Based upon your past services and health care needs, you have been assigned to the Medi-Cal plan named below. **Unless you make a different Medi-Cal plan choice, you will be enrolled in the health plan below on** MM/DD/YYYY: NAME OF PLAN. If you have Medicare, this change does not affect your Medicare coverage or your ability to see your Medicare doctor." Below this, it asks "How will this change affect me?" and lists three bullet points: "Your Medi-Cal plan will coordinate all of your Medi-Cal covered services.", "Your Medicare services and providers will NOT change.", and "Your Medi-Cal services and benefits will NOT change." and "Your Medi-Cal eligibility does NOT change and it will not cost you extra." It then states "Check with your health plan to determine if your providers work with your selected Medi-Cal plan." The form is marked with a "Y" in a circle at the bottom left and "ML 000010, 09/01, 2/16" at the bottom right.

When to Expect Notices

-  Most beneficiaries will receive notices **90, 60, and 30 days** prior to their coverage date.
- Beneficiaries in Medi-Cal managed care who are NOT eligible for Cal MediConnect will receive **one notice** prior to the change in their benefit package as MLTSS is added to their existing plan.
- Cal MediConnect official information from the state will only arrive in **blue envelopes.** 

Passive Enrollment Timeline

Start Date	Cal MediConnect (Passive enrollment)				MLTSS (Mandatory enrollment)					
	Full Duals in Medicare FFS enrolled already in Medi-Cal Managed Care plan (enrolled by one month)	Full Duals in Medicare FFS and Medi-Cal FFS (enrolled by birth month)	MSSP Beneficiaries eligible for Cal Medi-Connect (enrolled in one month)	Full duals in a MA plan / Part D LIS (enrolled in one month)	Full Duals who opt out of CMC and in Medi-Cal FFS (enrolled by birth month)	Full Duals in MA plan or excluded from CMC (ESRD, Kaiser, 1915c waiver) and in Medi-Cal FFS (enrolled by birth month)	Full Duals in a Medi-Cal managed care plan (benefit added in one month) ¹	MSSP Beneficiaries in Medi-Cal managed care or Medi-Cal FFS (enrolled in one month)	Partial Dual/SPD already in Medi-Cal managed care (enrolled in one month) ¹	Partial Dual/SPD in Medi-Cal FFS (enrolled by birth month)
4/1/2014*							San Diego			
05/01/14	San Diego	San Diego			San Diego	San Diego ²				
7/1/2014*			San Diego					San Diego	San Diego	San Diego
01/01/15				San Diego						

²Enrollees with April and May birthdays will be enrolled in May 2014. Then follow enrollment schedule by birth month.

Consumer Protections

The law establishing the CCI contains many protections, including:

- **Meaningful information of Beneficiary Rights and Choices**
 - Notices sent 90, 60, and 30 days prior to enrollment.
- **Self-Directed Care**
 - People will have the choice to self-direct their care, including being able to hire, fire, and manage their IHSS workers.
- **Appeal & Grievances**
 - People will receive full Medicare and Medi-Cal appeals and grievances. There will be a special Ombudsman program for Cal MediConnect.
- **Strong Oversight & Monitoring**
 - Evaluation coordinated with DHCS and CMS.
- **Continuity of Care**
 - People can continue to see their Medi-Cal providers for 12 months and their Medicare providers for six months.

Consumer Protections: Who To Call for Beneficiaries

- If a beneficiary has a complaint, the first point of contact is be the plan. Plans will have internal appeals and grievance procedures.
- If a beneficiary cannot resolve their complaint with the plan, there are several options:

Cal MediConnect Ombudsman Program
(Starting April 2014)

(855) 501-3077

Medi-Cal Managed Care Ombudsman

(888) 452-8609

Office of the Patient Advocate

(866) 466-8900

Cal MediConnect Ombudsman Program

- **Available: April 1, 2014**
- Assist enrollees filing appeals and complaints where needed
- Investigate, negotiate and resolve enrollee problems/complains with Cal MediConnect plans
- Refer enrollees to relevant entities and programs as needed

(855) 501-3077

Who to Call: San Diego County

- Health Plans
 - Care 1st 1-855-905-3825
 - Community Health Group 1-800-244-7766
 - Health Net 1-888-788-5805
 - Molina Dual Options 1-855-665-4627
- St. Paul's PACE 1-619-677-3800
- Elder Law & Advocacy (HICAP): 858-565-8772
- Consumer Center for Health Education & Advocacy 877-734-3258

Summary - CCI Key Points

- CCI is designed to help patients get the care and support services they need.
- Cal MediConnect can offer beneficiaries and providers additional support and resources, including care coordination and administrative simplification.
- Strong consumer protections, including continuity of care.
- Contact plans in your county for questions

Additional Resources



Keeping you informed about Medicare/Medi-Cal integration

Contact Us

search

Home

About »

News

Beneficiaries

Enrollment Materials

Calendar

CCI Counties »

Implementation Center »

Providers

Home » San Diego County

San Diego County

Cal MediConnect Health Plans:

These are special health plans that cover nearly all Medicare and Medi-Cal benefits plus vision care and non-emergency transportation benefits. This means you can call one place for help with all of your health care needs. In a Cal MediConnect plan, you keep all the benefits and services you get today, but you must use doctors and providers who work with this health plan or are "in the network."

- **Care 1st Health Plan**

- New Members: 1-855-905-3825 (TTY: 711)
- Provider Directory Coming Soon

- **Community Health Group CommuniCare Advantage**

- New Members: 1-800-224-7766 (TTY: 1-800-735-2929)



Sign up for Email Updates

Latest Updates

- ▶ Upcoming Monthly Stakeholder Update Webinars
6 Mar 2014
- ▶ Re-Release of the Draft Los Angeles County Enrollment Strategy & Upcoming Stakeholder Call
19 Feb 2014
- ▶ Coordinated Care Initiative Update –

Additional Resources

The screenshot displays the County of San Diego Health and Human Services Agency (HHSA) website. The header features the County of San Diego logo and a search bar. A navigation bar includes links for Your County Government, Community Services, Healthy Kids & Families, Business Resources, Environment, Public Safety, and Jobs. A left sidebar contains a menu with links to Home, About HHSA, Programs, All Services A-Z, Facilities, Event Schedule, HHSA FAQs, News Releases, Newsletter, Advisory Boards, and Search HHSA. The main content area is titled "Outreach Materials" and includes a "Printer Friendly" link with A+, A, and A- options. The "San Diego County CCI Flyers" section lists several resources: Cal MediConnect Brief Overview, CCI Brief Overview - 2 pages, CCI Program Description, Who, What, When, Where, Why & Call Flyer, Who, What, When, Where, Why & Call Flyer - SPANISH (translated by 2-1-1 San Diego), Regional Coalition - Consumer Workgroup's San Diego County Cal MediConnect Flyer, and DHCS Cal MediConnect One Page Flyer 1/2014. The "CCI Enrollment Materials" section includes links for Status of CCI Enrollment Notices - Update and Status of CCI Enrollment Notices. A bulleted list under "Cal MediConnect" includes links for 90 Day Cal MediConnect Notice from DHCS, 60 Day Cal MediConnect Notice from DHCS, Updated Cal MediConnect Plan Guide Book - DHCS, and Cal MediConnect Plan Choice Book for San Diego County (Draft). A bulleted list under "Managed Long Term Services & Supports" includes links for 90 Day MLTSS Notice from DHCS and 60 Day MLTSS Notice from DHCS. The HHSA logo is also visible on the right side of the page.

County of San Diego

SEARCH

Your County Government | Community Services | Healthy Kids & Families | Business Resources | Environment | Public Safety | Jobs

Home
About HHSA
Programs
All Services A-Z
Facilities
Event Schedule
HHSA FAQs
News Releases
Newsletter
Advisory Boards
Search HHSA

Outreach Materials

Printer Friendly
A+ | A | A-

San Diego County CCI Flyers

[Cal MediConnect Brief Overview](#)
[CCI Brief Overview - 2 pages](#)
[CCI Program Description](#)
[Who, What, When, Where, Why & Call Flyer](#)
[Who, What, When, Where, Why & Call Flyer - SPANISH](#) (translated by 2-1-1 San Diego)
[Regional Coalition - Consumer Workgroup's San Diego County Cal MediConnect Flyer](#)
[DHCS Cal MediConnect One Page Flyer 1/2014](#)

CCI Enrollment Materials

[Status of CCI Enrollment Notices - Update](#)
[Status of CCI Enrollment Notices](#)

- Cal MediConnect
 - [90 Day Cal MediConnect Notice from DHCS](#)
 - [60 Day Cal MediConnect Notice from DHCS](#)
 - [Updated Cal MediConnect Plan Guide Book - DHCS](#)
 - [Cal MediConnect Plan Choice Book for San Diego County \(Draft\)](#)
- Managed Long Term Services & Supports
 - [90 Day MLTSS Notice from DHCS](#)
 - [60 Day MLTSS Notice from DHCS](#)

Related Links

- [Back to CCI/Cal MediConnect](#)

HHSA
HEALTH AND HUMAN SERVICES AGENCY
Aging & Independence Services

Questions or Comments

- Visit CalDuals.org
- Email info@calduals.org
- Twitter @CalDuals

